

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058768

Entity Name: RAY OF HOPE CHILD CARE, INC.

FILED
Jun 28, 2009
Secretary of State

Current Principal Place of Business:

717 SKYRIDGE ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

717 SKYRIDGE ROAD
CLERMONT, FL 34711

New Mailing Address:

191 W. BROOME STREET
CLERMONT, FL 34711 US

FEI Number: 26-4493597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURRELL, MARIE
717 SKYRIDGE ROAD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURRELL, MARIE
Address: 717 SKYRIDGE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: BURRELL, CARL
Address: 717 SKYRIDGE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: ST () Delete
Name: THOMAS, ROSALEE
Address: 233 TIDES RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM () Change (X) Addition
Name: THOMAS, LEMAUZILY
Address: 233 TIDES ROAD
City-St-Zip: WINTER SPRINGS, FL 32708 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALEE THOMAS

ST

06/28/2009

Electronic Signature of Signing Officer or Director

Date